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Testimony to Health Care Reform Implementation Council

Hello, I am Dr. Steven Malkin. I am a physician and the President of the Illinois State Medical Society. I practice internal medicine in Arlington Heights. Thank you for allowing ISMS to present to you today.

I am here today to represent the concerns of Illinois patients and physicians related to expected Medicaid service structure changes under the Affordable Care Act.

As a result of the Act, it is estimated that by 2019 Illinois will expand our Medicaid rolls by roughly 631 thousand newly covered people.

While it is good news that more individuals will be covered, we are concerned that even with this coverage they could still lack real access to medical care. Already many Medicaid patients have difficulty finding physicians. This is especially problematic in rural and underserved regions when patients need specialty care.

A key reason for this is that Medicaid reimbursements don't often cover the expense associated with the service that is provided. The Kaiser Foundation ranks Illinois 40th in the nation in terms of our Medicaid fee schedule. We understand that the problems with our state budget make it difficult to improve the fee schedule; however, as our financial situation gets better, improving the Medicaid fee schedule should be a top priority.

Our Medicaid operation has historically been slow to pay its bills. For the last few years, Illinois' Medicaid program has received extra federal financial support that mandates a timely payment cycle. Unfortunately, when that financial support expires in mid-2011, in all likelihood the timely payment cycle will end with it.

We are building on a Medicaid system that has many problems at a time when Illinois faces many other health care challenges.

The American Association of Medical Colleges predicts that by 2025, the United States will face a physician shortage of at least 125 thousand doctors. My specialty, internal medicine, and the other primary care specialties will be needed the most. Primary care is in short supply even before all of the newly enrolled Medicaid insureds enter the system.

Illinois already faces many health workforce challenges. A recent study from Northwestern University found that Illinois is losing half of the physicians who train here. We are one of only three states that experience this phenomenon. Imagine that, half of the new doctors who spend 3-7 years living here while learning their profession and developing roots in a community choose to leave once their training is complete. Even young doctors fresh out of school are extremely aware of Illinois medical lawsuit climate. It drives them away from practicing here. Half of those who leave say our liability climate was a major concern to them. We must change Illinois' health system and lawsuit culture so that we are better able to retain the new doctors who train here.

Some suggest that the solution to doctor shortages is to have lesser-trained health professionals fill the void. There are ways that physicians and other providers can collaborate, but calls for simply substituting other providers for physicians is bad policy and is bad for patients.

We know that the foundation for good medical care is established through a medical home model that links patients with primary care physicians. Other substitutes don't work and often lead to fragmented or inadequate care.

The education of allied health care professionals is not comparable to the two years of inpatient clinical training that medical students undergo during their third and fourth years of medical school, plus the three years of full-time, intensive residency training for physicians in the primary care specialties. I don't want the bar lowered for my patients simply because it is the easiest choice.

The current framework for licensing allied health professionals provides for the cooperation of the health care team to deliver safe care. Currently, advanced practice nurses and physician assistants who practice outside of hospital settings are required to have supervisory relationships with physicians. These relationships are good for patient care and should continue to exist.

Our Medicaid primary care case management program is an example of a step in the right direction for the Medicaid program. It seems to be a successful model and a good example for how a physician-led medical home is good for patient care.

I would like to thank this council for the work you are doing to raise the profile of many health care issues that must be addressed. We face many challenges and now is the time to shape the right policies to ensure that Illinois is positioned to attract and retain the physicians we will need to care for all patients into the future.

Thank you.